



SBHC Coordinators Meeting

April 22, 2015



Agenda

State Program Office

- ✓ Staffing
- ✓ Budget
- ✓ Policy
- ✓ Planning Sites
- ✓ Mental Health Grant
- ✓ Certification
- ✓ Data
- ✓ Future Trainings

Oregon School-Based Health Alliance

Staffing

FULLY STAFFED TEAM!!



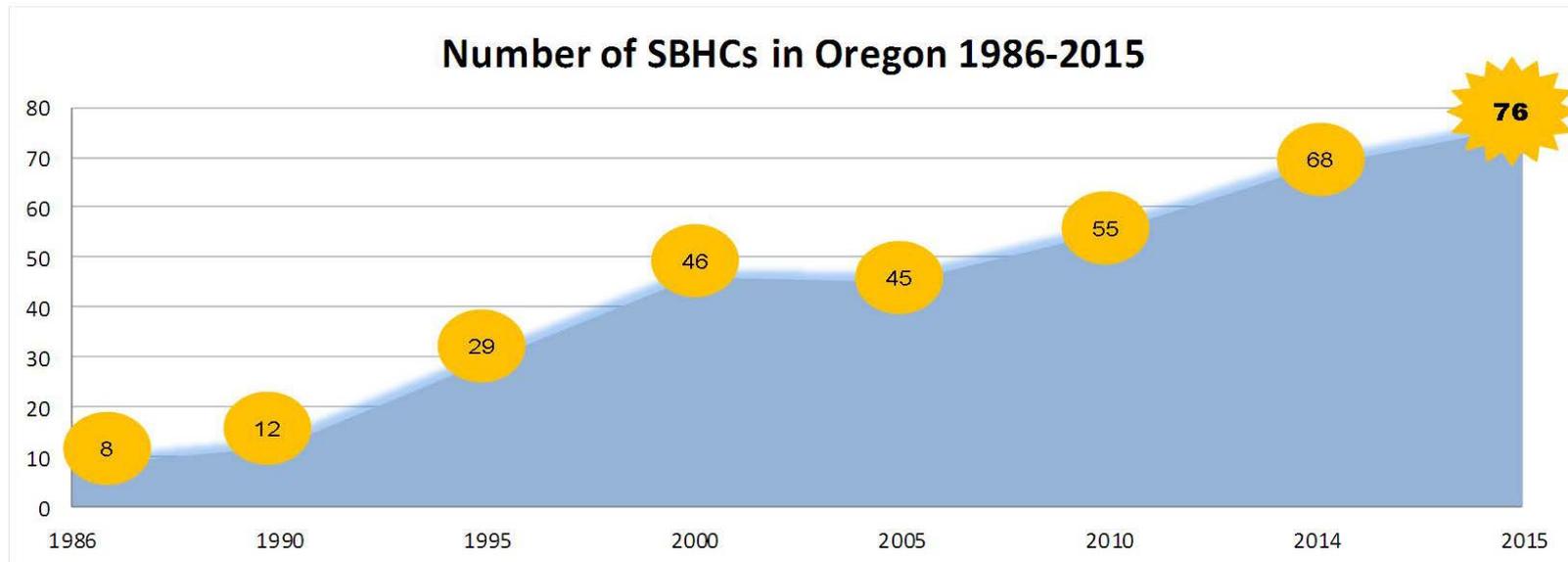
SBHC team

- ❖ Jessica Duke – Adolescent and School Health Manager
- ❖ Rosalyn Liu - Systems Development Specialist- Lead
- ❖ Kate O'Donnell – Systems Development Specialist
- ❖ Stefanie Murray - School Mental Health Specialist
- ❖ Loretta Jenkins- Research Analyst
- ❖ Melanie Potter – Administrative Specialist
- ❖ Sarah Ramowski – School Health Epidemiologist/Economist
- ❖ Karen Vian – Public Health Nurse
- ❖ Lisa Stember – Public Health Nurse



Budget

- 2015-2017 Biennium Budget is dependent on legislative decisions. Our current budget projections include flat-funding for all 68 SBHCs and bringing on 8 planning sites.



- End of biennium- potential funding to support sites

QUESTIONS???

New SBHCs are opening!



LAVA BEARS



2015-2017 Planning Grants

- Determined by Oregon Legislature
- If funds were to become available:
 - RFP would be released July 2015
 - Phase I/II
 - Advanced Phase
 - Applications would be due early September 2015
 - Awards would be announced mid-September 2015
- Visit SPO website for planning resources:
 - www.healthoregon.org/sbhc

QUESTIONS???

Mental Health Expansion Grant



Mental Health Expansion Grant

- RFQs for Capacity Building and Support Projects were released April 3rd
- All applications due by May 22nd
- Technical Assistance call tomorrow, April 23rd from 9-10 am
 - Conference line: 1-877-848-7030
 - Participant code: 148921

Mental Health Expansion Grant

Webinar and Training Updates

- Webinars on Youth Advisory Council and Cultural Competency Grant projects were held in the beginning of April
 - Slides available upon request
- Washington County hosted a HIPAA/FERPA training on April 17th
 - Recording will be available by early June.
- Webinar on mental/behavioral health service delivery models is scheduled for April 27th from 3-4 pm
 - Recording will be available on our website in early May.

Mental Health Expansion Grant

- Final report template will be send out in early May
 - Due by June 15th

QUESTIONS???

Initial Certification

- All sites must be fully enrolled and in good standing with VFC before SBHC certification will be offered
- There are some rare occasions where a waiver might be granted; please check with us.

The SBHC Administrator attests that the appropriate center staff have enrolled and/or received necessary training for: *

- Medicaid (required for billing)
- Vaccines for Children (VFC)
- ALERT IIS
- HIPAA
- Mandatory reporting for child abuse

Section E: Services

The SBHC Administrator attests that all required on site primary care services are being provided in accordance with Standards for Certification. *

- Required primary care services are provided per Standards of Certification

SBHCs and Immunizations

E.1 Comprehensive services minimum requirements

- a. The following table includes services that must be available either:
- (On) On site at the SBHC; or
 - (Ref) Referral required (if not on site) with system for tracking referrals and follow up.

Comprehensive services minimum requirements

Primary Care	Elementary (K-5)	Middle (6-8 or K-8)	High school (9-12 or K-12)
Comprehensive medical histories	On	On	On
Comprehensive physical exams	On	On	On
Immunizations*	On	On	On
Developmental assessments	On	On	On
Assessment of educational, achievement and attendance issues	On	On	On
Evaluation and treatment of:			
♦ non-urgent conditions	On	On	On
♦ acute conditions	On	On	On
♦ chronic conditions	On	On	On
Medical case management	Ref	Ref	Ref
Medical specialty services	Ref	Ref	Ref
Social Services assessment and referral	Ref	Ref	Ref
Screening			
Height /weight/body mass index (BMI)	On	On	On
Blood pressure	On	On	On
Vision screening	On	On	On
Hearing screening	Ref	Ref	Ref
Sealant screening	On	On	On

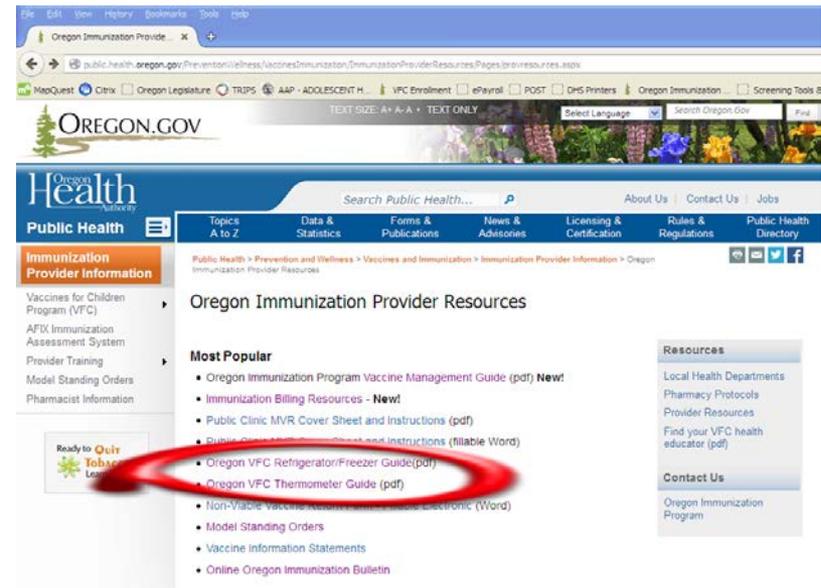
* Immunization services must meet VFC program requirements

Vaccines for Children Program

- The Federal Vaccines for Children (VFC) program requires that all enrolled providers make available **ALL** vaccines routinely recommended for the age group you serve.
- VFC sites are expected to offer **ALL** vaccines every patient is due for, and to do so at every visit (well-visits and sick-visits).

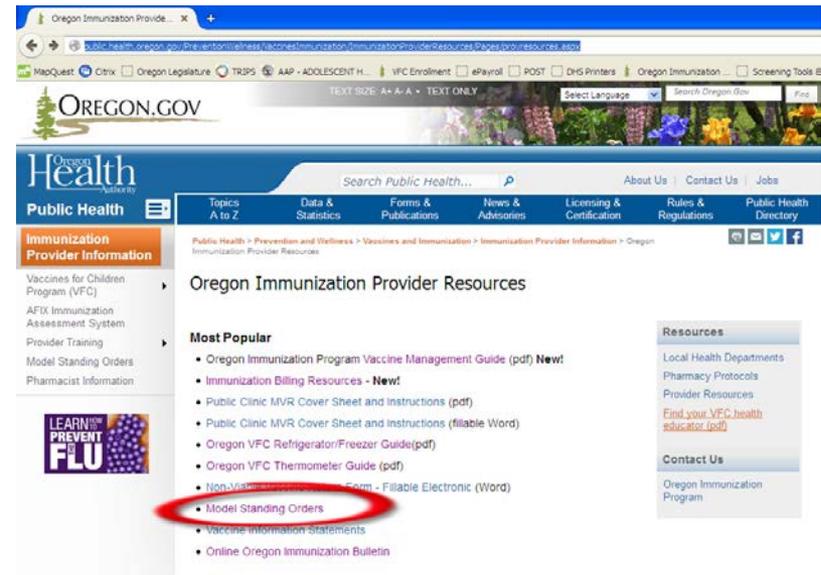
Frig, Freezer & Thermometers

- At a minimum, each site must have a frig, a freezer, continuous tracking thermometers, & back up temperature monitor.
- Follow requirements in the VFC frig/freezer and thermometer guides.



Immunization Standing Orders

- All **PUBLIC** clinics and all pharmacies in Oregon are required to use the standing orders as published by the Oregon Immunization Program.



The screenshot shows the Oregon Health Authority website. The main navigation bar includes 'Public Health', 'Topics A to Z', 'Data & Statistics', 'Forms & Publications', 'News & Advertisements', 'Licensing & Certification', 'Rules & Regulations', and 'Public Health Directory'. The left sidebar has 'Immunization Provider Information' with sub-links for 'Vaccines for Children Program (VFC)', 'AFIX Immunization Assessment System', 'Provider Training', 'Model Standing Orders', and 'Pharmacist Information'. The main content area is titled 'Oregon Immunization Provider Resources' and lists 'Most Popular' items: 'Oregon Immunization Program Vaccine Management Guide (pdf) New!', 'Immunization Billing Resources - New!', 'Public Clinic MVR Cover Sheet and instructions (pdf)', 'Public Clinic MVR Cover Sheet and instructions (fillable Word)', 'Oregon VFC Refrigerator/Freezer Guide(pdf)', 'Oregon VFC Thermometer Guide (pdf)', 'Non-Vaccination Consent Form - Fillable Electronic (Word)', 'Model Standing Orders', 'Vaccine Information Statements', and 'Online Oregon Immunization Bulletin'. The 'Model Standing Orders' link is circled in red. A right sidebar contains 'Resources' with links for 'Local Health Departments', 'Pharmacy Protocols', 'Provider Resources', and 'Find your VFC health educator (pdf)', and 'Contact Us' with a link to the 'Oregon Immunization Program'.

Vaccine Administration Record (VAR)



Vaccine Administration Record

Write or stamp clinic address here

Patient Information

Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ Age: _____ years _____ months (if under age 5) Gender: Male _____ Female _____
 Address: _____
 Mailing Address: _____
 Phone Number: _____ Mother's Maiden Name (optional): _____
 Race: American Indian/Alaskan Native Asian White Decline to Answer
(Click all that apply) African American Native Hawaiian/Pacific Islander
 Ethnicity: Hispanic? Yes _____ No _____ Decline _____ Primary Language: _____
 Social Security Number (optional): _____ Medicaid ID Number (optional): _____

I have received this clinic's HIPAA Notice of Privacy Practices

Patient Screening Questions

	Circle one:	
	Yes	No
Does the patient have a fever or feel sick today?	Yes	No
Does the patient have allergies to medicines, food, latex or vaccines?	Yes	No
Has the patient had a bad reaction to a vaccination?	Yes	No
Has the patient had a seizure or a brain problem?	Yes	No
Does the patient have cancer, leukemia, AIDS or other immune system problem?	Yes	No
Does the patient have heart disease, lung disease, kidney disease, diabetes, asthma, anemia or other long term condition?	Yes	No
Has the patient taken cortisone, prednisone, other steroids or cancer treatments in the last 3 months?	Yes	No
Has the patient received blood, blood products or immune globulin (IG) in the past year?	Yes	No
Is the patient pregnant or planning to become pregnant?	Yes	No
Has the patient received vaccines in the past month?	Yes	No
Has the patient ever fainted after injections?	Yes	No
Has the patient had chicken pox?	Yes	No
If yes, when (estimated date): _____		

I have received the Vaccine Information Statement(s) for the vaccines to be given and I have had all of my questions answered. I request that the vaccine be given to me or to the person named above, for whom I am responsible. I allow the release of any information needed to process insurance claims and request payments of medical benefits.

Print name: _____
 Signature: _____
 Relationship to patient: _____
 Date: _____



Vaccine Administration Record
FOR CLINIC USE ONLY

Patient Name: _____
 One Time Only

Date	Vaccine	Brand Name	Lot Number	Exp.	Manufacturer	Dose (mL)	Site/Route	EQ	VED PID Date	DOB VED Client
	DTaP	Infanrix Tigardix Quadrax			GSK Sanofi	0.5				
	DTaP/Heb/IPv	Pediaris			GSK	0.5				
	DTaP/Heb/IPv	Pediaris			Sanofi	0.5				
	DTaP/IPv	Infanrix			GSK	0.5				
	Hep. A	Varivax ProQuad Havrix			Merck GSK	0.5 1.0				
	Hep. A + Hep. B	Twinrix			GSK	1.0				
	Hep. B	Recomb. Genova Eugene			Merck GSK	0.5 1.0				
	HD	Novax Pediacel			Sanofi Merck	0.5				
	HB-Hep. B	Comvax			Merck	0.5				
	HPV	Cervarix Cervix			Merck GSK	0.5				
	Influenza	Fluzone (3 or 4)			Medtronic	0.2				
	Influenza split					0.25				
	IPV	IPOL			Sanofi	0.5				
	MCV4	Menactra Menomune			Sanofi Novartis	0.5				
	MCV4	Menactra			GSK	0.5				
	MP-0V4	Menomune			Sanofi	0.5				
	MMR	MMR II			Merck	0.5				
	MMRV	ProQuad			Merck	0.5				
	PCV13	Pneumovax 13			Wyeth	0.5				
	PPV23	Pneumovax			Merck	0.5				
	Rotavirus	Rotarix RotaShield			GSK Novartis	1.0 2.0				
	Tdap	Boostrix Adacel Tdap			GSK Sanofi	0.5				
	Td	Decasol Tet 150			Sanofi	0.5				
	Vaccine	Vaccine			Merck	0.5				
	Zoster	Zostavax			Merck	0.65				
	Other									

PPP Text	Reason Code	Lot# and Manufacturer	Inject Code	MM Permt	Date Recd	Title Recd	Recd By

Vaccine Admin is to be signed by: _____ Title: _____ Date: _____
 Vaccine Admin is to be signed by: _____ Title: _____ Date: _____
*Use the 2" signature line for use by one person when immunizing a child.

OHA 5010P Revised 05/13

Vaccine Information Statements (VIS)

- Another federal law, the use of Vaccine Information Statements is critical to your obligation to provide informed consent to your patients.
- Use current VIS and **BEFORE** give shots.

VACCINE INFORMATION STATEMENT	
<h2>Meningococcal Vaccines</h2> <p><i>What You Need to Know</i></p>	
<small>Many Vaccine Information Statements are available in Spanish and other languages. Visit www.cdc.gov/vaccines/imz/ for more information about vaccine safety. Availability is subject to an outbreak or epidemic. Visit www.cdc.gov/epidemiology/.</small>	

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections. About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at higher risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

3 Who should get meningococcal vaccine and when?

Routine vaccination
 Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

- Other people at increased risk:
- College freshmen living in dormitories.
 - Laboratory personnel who are routinely exposed to meningococcal bacteria.
 - U.S. military recruits.
 - Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
 - Anyone who has a damaged spleen, or whose spleen has been removed.
 - Anyone who has persistent complement component deficiency (an immune system disorder).
 - People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



Vaccine Management Guide

- Must have a written plan for vaccine management.
- Plan must be reviewed, updated, and signed annually by all staff.



As a Vaccines for Children clinic you must designate primary and backup staff to manage routine and emergency vaccine handling.

Primary responsible staff: _____

Backup responsible staff: _____

Oregon Immunization Program Health Educator:

Name: _____

Telephone: _____

Fax: 971-673-0278 or 971-673-2401

Email: _____



Emergency Kit

- Each vaccinating clinic must have on hand at all times an emergency kit for use with adverse events.
- Items are **NOT** to be expired.

Oregon Immunization Emergency-kit Requirements Check List

Required Documentation, Equipment and Supplies:

- Current CPR Card* (see other side of page for footnotes)
- **You must be in possession of a Yellow Fever Stamp in order to administer this vaccine**
- Copy of Adverse Events Protocol
- 1 each Pediatric and Adult size resuscitation face masks with one-way valve
- Sphygmomanometer and Stethoscope (**Must be Manually Operated – NO AUTOMATIC DEVICE S**)
- Paper and pen(s)
 - Syringes: For Epinephrine and Diphenhydramine injection only:
 - 1cc tuberculin syringe, 22–25g, 1", 1½" needles for epinephrine administration
 - 3cc syringes with 1–1½" needles for diphenhydramine (Benadryl®) administration
 - Band-Aids
 - Alcohol wipes, gloves
 - Bottle of water for oral antihistamines

Required Medications

- Epinephrine solutions:
 - Multi-dose vial of 1:1000 Epinephrine and syringes: OR EXP: _____
 - Epinephrine Auto-injectors; 2 adult and 2 pediatric doses †
 - EpiPen® 0.3mL of 1:1000 epinephrine = 0.3mg EXP: _____
 - EpiPen® Jr. 0.3mL of 1:2000 epinephrine = 0.15mg EXP: _____
 - Auvi-Q® 0.3mL of 1:1000 epinephrine=0.3mg EXP: _____
 - Auvi-Q® 0.15mL of 1:1000 epinephrine=0.15mg EXP: _____
- Diphenhydramine (Benadryl®): Keep 2 doses available
 - Injectable: 50mg /mL IM EXP: _____
 - Liquid: 12.5mg/mL EXP: _____
 - Tablets: 25mg or 50mg OR EXP: _____
- Hydroxyzine (Atarax® or Vistaril®)
 - Liquid: 10mg/5mL or 25mg/5ml EXP: _____
 - Tablets: 10mg or 25mg EXP: _____
 - Capsules: 25mg EXP: _____
- Ammonia ampules (smelling salts) for fainting only EXP: _____

Optional Oxygen Supplies for Rural Areas or where 911 response may be delayed:

- O₂ Container Level checked: _____
- Nasal cannula: the regulator should not be set to exceed 6 liters of O₂/minute
- Face mask: the regulators should be set at 10–12 liters of O₂/minute with a minimum of 5 liters of O₂/minute
- Breathing bag with mask with O₂: regulator should be set between 12–15 liters/minute
- Oral airways: small, medium and large

By signing below, I acknowledge I have reviewed the Adverse Events Protocol & met all requirements:

LHD Signature: _____ Date Reviewed: _____

Resources

- Oregon Immunization Provider Resources website
<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/provresources.aspx> **BOOKMARK IT** 😊
- ORShots list-serv. Email Mimi Luther at lydia.m.luther@state.or.us to sign up!
- **YOUR** VFC Health Educator
<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Documents/HEMap.pdf>

QUESTIONS???

KPM Revisions Update

- Workgroup wrapped up
- Field survey responses compiled
- CLHO Healthy Families updated
- Final guidance documents released April 23rd

- Revision review webinar:
 - April 30th @ 2PM

QUESTIONS???

Data Deadlines

- Satisfaction Surveys
 - June 30th

- Year-end Encounter Data Report

All physical and mental health visits 7/1/14 - 6/30/15

- July 15th

QUESTIONS???

Operational Profile Training

- September 16th from 1pm - 2:30pm
- Webinar invite will go out in late summer
- Areas of focus:
 - Profile structure
 - What's required
 - Changes to the profile
 - Audit process



New Webinars available on our website

- OCHIN Epic Health Assessment/Episode Training
- Introduction to YPAR (Healthy Youth Development page)
- SBHC 101: School-Based Health Care in Oregon
- SBHCs as PCPCHs: An Overview of the PCPCH Program

Coming Soon!

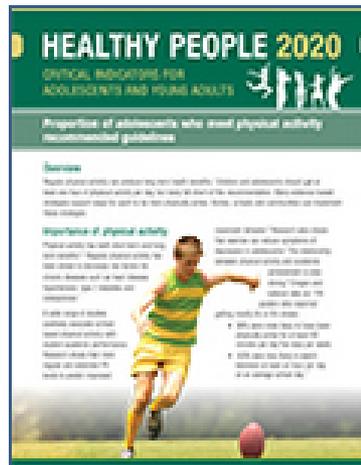
- Billing and Coding training
- HIPPA/FERPA training
- Mental/Behavioral Health delivery models

New HP2020 brochures available online

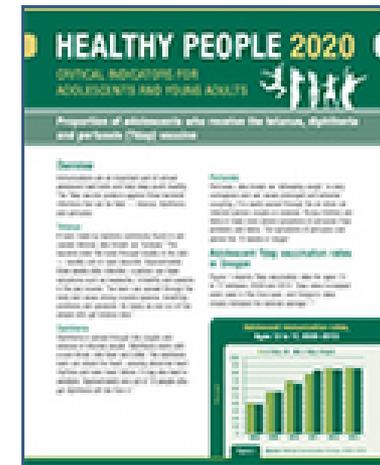
<http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Pages/Resources.aspx>



Proportion of adolescents, aged 12-17 years, and young adults, aged 20-24 years, who experience a major depressive episode



Proportion of adolescents who meet physical activity recommended guidelines



Proportion of adolescents who receive the tetanus, diphtheria and pertussis (Tdap) vaccine

School Health Services Fact Sheet available online

The fact sheet provides general information regarding school nursing and school-based health centers.

It can be found on the Reports and Publications page of our website:

www.healthoregon.org/sbhc



Oregon School Health Services

School Nurses and School-Based Health Centers are partners in providing comprehensive health services at school and work together to build a health safety net for Oregon students.

School Nurses

The Oregon School Nurses Association defines school nursing as a "specialized practice of professional nursing that advances the well-being, academic success, life-long achievement and health of students." School nurses serve the entire school population through health promotion and disease prevention, providing case management for chronic and acute student health conditions; providing health education and teaching; coordinating mandated screening including vision and hearing; teacher and staff training and communication; delegation of specific nursing tasks that are performed in the school setting; promoting safety and providing mental health services; advocacy for inclusion of all students according to their ability to participate; and coordination with other local and state agencies regarding communicable disease and immunization mandates. School nurses link educators, families, and health care providers to improve health and promote academic success.

School-Based Health Centers

School-Based Health Centers (SBHCs) are public health primary care clinics that are located in a school building or on school campus. They diagnose and treat acute and chronic illnesses and injuries. Other services include prescriptions, immunizations, well-child checks and sports physicals, as well as health screenings, age appropriate reproductive health services and promotion of healthy behaviors. SBHCs are staffed by nurse practitioners, physician assistants, physicians, nurses, mental health professionals and health assistants. SBHCs collaborate with parents, youth advisory councils, local providers and community partners to provide health services that benefit students and the school community. Students and their parents appreciate missing less class time for health care needs. SBHCs bring youth-centered medical care to the school so school nurses and staff can refer students quickly for the care they need, regardless of their ability to pay.

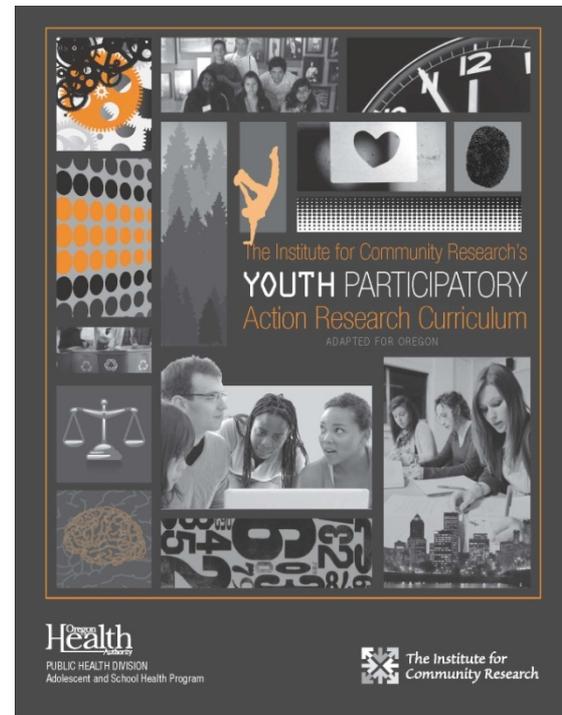
**Oregon Student Health Status
(2013 Oregon Healthy Teens Survey)**

Health Care Issue	8th grade	11th grade
Unmet physical health care need in past year	27%	29%
Unmet mental health care need in past year	14%	15%
Self-reported overweight or obese	29%	31%
Seriously considered suicide in past year	16%	14%
Felt harassed at school in past 30 days	35%	23%
Used alcohol in the past 30 days	14%	31%
Used cigarettes in the past 30 days	4%	9%
Used marijuana in the past 30 days	10%	21%
Video, computer or screen time 5 hours or more a day for anything other than school work	16%	14%



YPAR Curriculum binders are coming

- Binders will be mailed to SBHCs on high school and middle school campuses in the next few weeks



Billing/Coding Training Reimbursement

- For those of you who attended the Billing/Coding training in Eugene or La Grande, the deadline to submit for reimbursement is **Thursday, April 30th!**
- Contact Melanie with questions
 - 971-673-0871
 - Melanie.m.potter@state.or.us

Patient Privacy/Confidentiality Survey

- Survey emailed out on Monday to Coordinators
 - <https://www.surveymonkey.com/s/ptprivacy>
- Please forward to providers
- Survey needs to be completed by May 1st
- Questions? Contact Liz Thorne at 971-673-0377 or elizabeth.k.thorne@state.or.us

QUESTIONS???

Contact Us

School-Based Health Center Program

Oregon Public Health Division

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www.healthoregon.org/sbhc



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